

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10737393

FILING DATE

12/16/03

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5	1					
6		1				
7	1					
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50						
TOTAL IND.	3					
TOTAL DEP.	8					
TOTAL CLAIMS	11					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
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